




Children's Services Agency
Foster Care Overview

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Department of Health & Human Services

The Michigan Department of Health & Human Services (MDHHS) is the state's Medicaid, public health, public assistance, child and family welfare agency.

MDHHS directs the operations of public assistance and child welfare service programs through a network of over 100 local offices around the state, covering all 83 counties.



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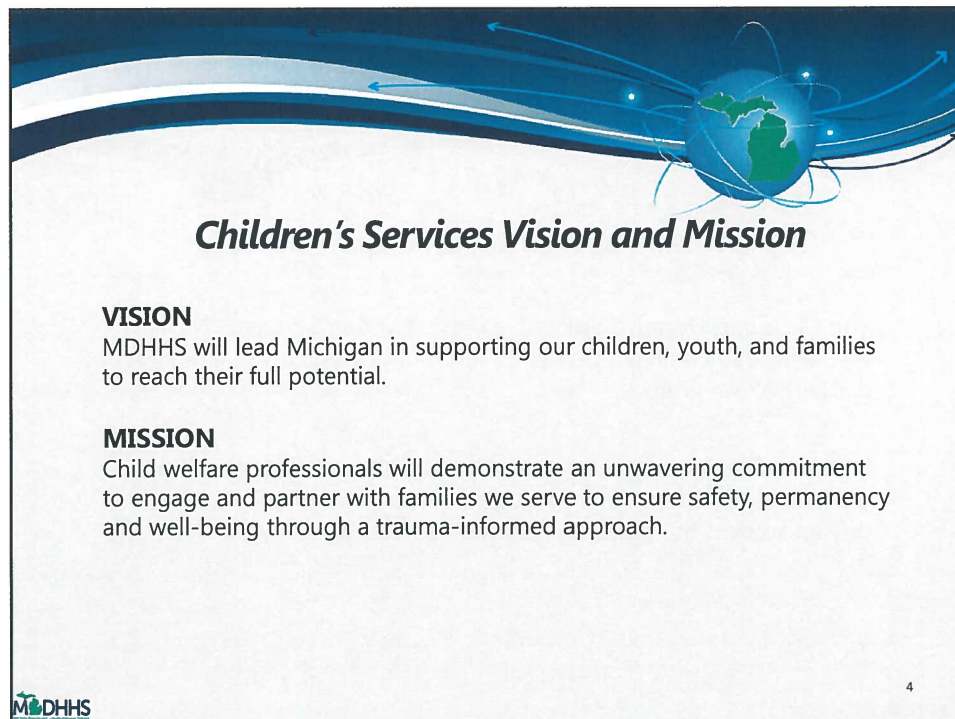
MDHHS Guiding Principles

Mission
The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.

Vision
Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS

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Children's Services Vision and Mission

VISION
MDHHS will lead Michigan in supporting our children, youth, and families to reach their full potential.

MISSION
Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency and well-being through a trauma-informed approach.


MDHHS


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Guiding Principles


- Safety is the first priority of the child welfare system.
- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
- When placement away from the family is necessary, children will be placed in the most family-like setting and placed with siblings whenever possible.
- The impact of traumatic stress on child and family development is recognized and used to inform intervention strategies.
- The well-being of children is recognized and promoted by building relationships, developing child competencies and strengthening formal and informal community resources.

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Guiding Principles

- Permanent connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safely possible.
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Child welfare professionals will be supported through identifying and addressing secondary traumatic stress, ongoing professional development and mentoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision-making will be outcome-based, research-driven and continuously evaluated for improvement.


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Children Services Agency

- Child Welfare Field Operations
- Child Welfare Services and Supports
- Centralized Intake
- Child Welfare Policy & Programs
- Mental Health Services to Children and Families
- Children's Trust Fund
- Division of Continuous Quality Improvement
- Juvenile Justice
- Native American Affairs
- Family Advocate
- Child Welfare Licensing
- MiSACWIS


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Children's Protective Services

The purpose of Children's Protective Services is to:



- Ensure that children are protected from physical or emotional harm caused by a parent or other adult responsible for the child's health and welfare.
- Help families function responsibly and independently in providing care for their children by providing supportive services.
- Serve as the first point of contact in the child welfare system.

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CPS Investigation Disposition


- *Category I* - Court Intervention
- *Category II* - Mandatory Services with perpetrator listed on the Central Registry (preponderance and high or intensive risk)
- *Category III* - Community Services but perpetrator is not listed on the Central Registry (preponderance and low or moderate risk)
- *Category IV* - Non Preponderance
- *Category V* - Unable to locate or no foundation for investigation


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Children Entering Foster Care



- A child is placed in foster care when CPS substantiates abuse/neglect AND the court determines that the child cannot remain safely in the home.
- Court places with MDHHS for care, supervision, and out-of-home placement.
- MDHHS provides direct foster care case management or refers to a private child placing agency for foster care case management.


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Foster Care Program Description


- Provides placement and supervision of children who have been removed from their home by the court due to abuse or neglect.
- Is a short-term solution to an emergency situation and permanency planning continues throughout the child's placement in care.
- Goal is to ensure the safety, permanence, and well being of children through reunification with the family of origin, permanent placement with a suitable relative, or a permanent adoptive home.
- Primary focus is to provide an array of services to families tailored to meet their unique needs to resolve safety concerns resulting in reunification.


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MDHHS and Private Agencies . . .

- Work with parents to rectify conditions that led to the child's removal.
 - Provision of services including substance use disorder programming, parenting education, mental health services, etc.
 - Trauma screening for children entering care.
 - Facilitate frequent parent-child visits.
- Supervise children in out-of-home placement to ensure safety and well-being.
- Monitor parents' progress and compliance with services.
- Make recommendations to the court every 3 months regarding progress, child's well-being and permanency plans.



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The Court's Role...

Convene formal court hearings


- Adjudication/trial (within 63 days of initial petition)
- Disposition (within 35 days of adjudication/trial)
 - Issue orders directing the family and MDHHS/private child placing agency (PAFC)
- Review hearings every 92 days thereafter
 - Issue orders directing the family and MDHHS/private child placing agency (PAFC)
- Permanency Planning Hearing no later than 12 months after the child's removal to decide if:
 - Child should be returned home.
 - Child should continue in foster care.
 - The process should begin to terminate parental rights.

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Children Currently in Foster Care

- MDHHS is responsible for supervision of 12,813 children as of February 1, 2017.
 - 32% are placed with relatives (preferred placement).
 - 34% are placed in licensed foster homes (when relative care is not an option).
 - 7% are placed in child caring institutions (900+).
 - 16% are being supervised in their own homes.
 - 11% (1365)-Other placements which includes adoptive home, emergency shelter home/facility, detention, hospital, etc.
- The number of children under MDHHS supervision has been steadily declining from a peak of 19,214 in 2003.

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Permanency Goals

- Reunification (preferred)
- Adoption (requires termination of parental rights by the court)
- Guardianship
- Permanent placement w/ relative
- Another Planned Permanent Living Arrangement (APPLA)
 - Permanent Arrangement w/ Foster Parent
 - Independent Living---Young Adult Voluntary Foster Care

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Adoption

When reunification is not an option, adoption is the next most permanent goal for children. MDHHS in partnership with our private agencies facilitates the adoptive placement of state and permanent court wards with a goal of adoption.

- 3,301 children legally free for adoption as of September 30, 2016.
 - Of these children 2,616 children had a goal of adoption.
- 330 children with a goal of adoption who are in need of a forever family through adoption as of March 1, 2017.
- More than 1,800 children were adopted in 2015.
- More than 2,000 children were adopted in 2016.*
- Eight Post Adoption Resource Centers provide services statewide.

 *Number is estimated because the 2016 number has not yet been finalized. 16




Foster Care Funding Sources

- Title IV-E
 - (Federal fund) Provides federal financial participation in the administrative costs and foster care maintenance payments for youth.
- County Child Care Fund
 - (State legislative appropriation) Provides partial reimbursement to counties for the costs of foster care and other services provided for court wards.
- State Ward Board and Care
 - (State legislative appropriation) to provide payment of foster care costs for state wards not eligible for title IV-E or the placement is not title IV-E reimbursable.
- Limited Term/Emergency
 - (General fund) A limited funding source to assist MDHHS staff in providing foster care payment and service under narrow circumstances.




Foster Care Outcomes


- Permanency in 12 months for children entering care: 32.6% (*standard is 40.5% or higher*)
- Permanency in 12 months for children in care 12-23 months: 50.4% (*standard 43.6% or higher*)
- Permanency in 12 months for children in foster care 24 months or more: 38.5% (*standard 30.3% or higher*)
- Re-entry to FC within 12 months: 2.6% (*standard 8.3% or lower*)
- Placement Stability: 3.26 (*standard 4.12% or lower*)
- Recurrence of Abuse and/or Neglect: 10.31% (*standard 9.1% or lower*)
- Maltreatment in Care: 14.64% (*standard 8.5% or lower*)



Strategies to Improve Outcomes for Children and Families

- Implementation of enhanced MiTEAM practice model.
- Implementation of trauma-informed practices.
- Implementation of a performance-based child welfare system pilot.
- Alignment of residential interventions and services to meet the needs of youth and their families.
- MiSACWIS documentation system.


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Child Welfare Practice Model "How we work"

MiTEAM:



- Four core competencies upon which practice skills are developed:
 - **T**eaming
 - **E**ngagement
 - **A**ssessment
 - **M**entoring
- trauma-informed approach to child welfare practice.
- Based on the fundamental belief that all children deserve to be safe from harm, raised in loving, committed families, and provided the kinds of supports necessary to build their well-being.

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MiTEAM Child Welfare Practice Model


- Links the organizational values and guiding principles of MDHHS to specific interventions and activities that all children, families, and caregivers should experience, such as:
 - Comprehensive assessments of strengths and needs.
 - Trauma screening and comprehensive trauma assessments.
 - Meaningful involvement in case planning.
 - Effective services tailored to identified needs.
 - Active family involvement in the teaming process.


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Trauma-Informed Practice

Trauma-informed means that child welfare professionals understand, recognize, and respond to the effects of all types of trauma, especially those experienced by children and families involved in abuse and neglect situations.


There is a shift from solely focusing on the child's or family's behavior to determining and understanding the factors that led to the behavior.


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Trauma-Informed Practice

- Secondary trauma is the emotional duress that results when an individual hears about the firsthand trauma experiences of another.
- Statewide secondary traumatic stress training and local office culture and climate assessment and development.
- Statewide training of trauma screening tool within child welfare cases.
- Enhancement to Michigan's Trauma & Toxic Stress website.


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Performance-Based Child Welfare

What is a performance-based funding model?


- A framework for innovative funding of delivery of child welfare services in Michigan, which is a dynamic collaboration between public and private sector providers.
- The framework drives and incentivizes the delivery of timely, quality services and holds all providers publicly accountable to achieve defined child welfare indicators and multiple positive outcomes for children and families, such as time to permanency, time to reunification and placement stability.
- The model will be tested and evaluated in Kent County beginning in October 2017.

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Key Components of the Performance-Based Child Welfare System

- Consistent performance indicators and outcome expectations for public and private agencies.
- Development of robust continuous quality improvement capacity.
- Lead agency receives a case rate and is responsible for placement, case management, coordination and payment of all services and full-family service delivery for the life of the case.
- Creates flexible and integrated funding and resource allocation strategies from existing categorical fund sources such as title IV-E, title IV-B, title XX, Medicaid, TANF, State General Fund, County Child Care Fund, and State Ward Board and Care.


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Alignment of Residential Interventions in Child Welfare


- Align residential services to meet the needs of youth and families, first and foremost.
- Increase community supports such as treatment foster care, community mental health services, and support to foster parents.
- Intervention will include family involvement, return to the community, and permanence.
- Cross systems collaboration on services and treatment.
- Proper screening/assessment into residential intervention.
- Data informed practice with outcomes focused on long term success for youth and their families.
- Statewide residential intervention to ensure youth can remain close to home.

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MiSACWIS Documentation System – How it Benefits Foster Care

- Real-time access to important case information in order to make informed decisions.
- Public/private and multiple program access within the same documentation system.
- Ability to track safety and well-being measures.
- Ability to view provider information to make the best placement decisions.
- Approvals within the system ensure timely services.
- Policy is available within the MiSACWIS to reference when completing case related tasks.
- Meet the documentation requirements of federal court, federal government and the legislature.




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Implementation, Sustainability and Exit Plan

- The Implementation, Sustainability and Exit Plan (ISEP) has been in effect since February 2, 2016.
- The ISEP permits rolling exit of individual items which sets the state on a path toward exiting federal court oversight which will decrease spending on oversight.
- The first six-month reporting period for the ISEP, period 10, ended June 30, 2016. The Monitor Report and court hearing will be in the spring of 2017.
- We are currently in ISEP reporting period 12, which began January 1 and ends on June 30, 2017.



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Implementation, Sustainability and Exit Plan

Examples of Early Success:

- Caseload Progressions for New Employees.
- Support for Transitioning to Adulthood, Michigan Youth Opportunities Initiative.
- Worker/Child Visits
- CPS Commencements
- Licensing Worker Qualifications and Training.

Key Efforts Include:

- Development and implementation of Quality Assurance Processes for 14 commitments outlined in the ISEP.
- Completion of the Quality Service Review in 15 counties across the state since inception of the ISEP.
- Establishment of foster home recruitment plans for each county in the state with foster home targets based on need and number of children in care, including targets for special populations.



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MDHHS Contact Information

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Newly Appointed Executive Director (Effective 5/1/2017):
Dr. Herman McCall (mccallh@michigan.gov)

Assistant to the Children's Services Executive Director:
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